

To:

County Birth to 3
Programs

Nursing Homes

Occupational
Therapists

Outpatient
Hospital
Providers

Physical
Therapists

Rehabilitation
Agencies

Speech and
Hearing Clinics

Speech-Language
Pathologists

Therapy Groups

HMOs and Other
Managed Care
Programs

Submission and Approval Process for Prior Authorization Requests Via the Web for Birth to 3 Therapy Services

Effective July 12, 2004, Wisconsin Medicaid will accept prior authorization (PA) requests via the Web for Birth to 3 therapy services. Providers will receive a real-time decision regarding their PA request.

Note: Providers may still submit paper PA requests by mail or fax.

Prior Authorization Request Submission on the Web in July

Effective July 12, 2004, Wisconsin Medicaid will accept prior authorization (PA) requests via the Medicaid Web site for Birth to 3 (B-3) therapy services. Providers will receive a real-time decision for approved PA requests. If the PA request is not accepted via the Web, users will be prompted to submit a paper PA request.

Refer to the following *Wisconsin Medicaid and BadgerCare Updates* for current allowable procedure codes for B-3 therapy services:

- June 2002 *Update* (2002-33), titled “Elimination of need for renewal of prior authorization requests for therapy services provided as part of the Birth to 3 Program” (for physical and occupational B-3 therapy services).

- August 2003 *Update* (2003-140), titled “New procedure codes for speech and language pathology services” (for speech and language pathology B-3 therapy services).

Note: Providers may still submit paper PA requests by mail or fax.

Exceptions to Web Prior Authorization Submission

In some instances, providers are required to submit PA requests on paper. These instances include the following:

- Cotreatment services.
- Retroactive eligibility.

Registration for Submitting Prior Authorization Requests on the Medicaid Web Site

To register and login to submit PA requests via the Web, users should go to the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ and do the following:

- Select “Providers” at the top of the page.
- Select “Web Prior Authorization (PA)” under “Related Programs and Services.”

This will take users to the Login and Registration page. Users will then have two options:

- To register as a new user. Refer to Attachment 1 of this *Update* for instructions on how to login as a new user.
- To enter a user name and password that were previously established for conducting Electronic Data Interchange (EDI) transactions (e.g., 837 Health Care Claim transactions). Refer to Attachment 2 for how to login when there is a previously established user name and password.

Summary of Instructions for Submitting Web-Based Prior Authorization Requests

After registering and accessing the Web PA site, B-3 therapy service users should complete a Web Prior Authorization Request Form (PA/RF) and Prior Authorization/Birth to 3 Therapy Attachment (PA/B3).

Refer to Attachment 3 for instructions on submitting a PA request via the Web.

Prior Authorization Decision Notice

After a B-3 therapy service provider submits a Web PA request, a message will appear on the screen indicating whether the PA request was approved or not approved.

Users will also have the option to print the PA/RF and PA/B3 in Portable Document Format (PDF) with Adobe Acrobat Reader®* for their records. If users do not print this PA request when it is initially accepted, they will not be able to print it later.

For approved PA requests, the screen message will provide the user with:

- The PA number assigned with the approved request.

- The grant and expiration dates of the PA request.

Users will be able to print the screen message.

When a PA request is approved, users will receive a decision notice by mail indicating the assigned PA number and the Web PA decision. The decision notice should be maintained as a permanent record of the transaction.

Users who have an approved Web PA request should *not* submit duplicate paper or fax copies to Wisconsin Medicaid.

If the PA request is not approved, the screen message will notify users to submit a paper PA request to Wisconsin Medicaid.

Refer to Attachment 4 for a sample of the decision notice.

Hours of Operation

Users may submit PA requests via the Web Monday through Friday from 8:00 a.m. to 5:00 p.m. (Central Time). Web PA will not be available on weekends or state-observed holidays.

System Requirements

To submit PA requests on the Web, users will need one of the following Web browsers:

- Internet Explorer™ 5.50 or greater.
- Netscape Navigator™ 4.70 or greater.

Web Site Security

The Wisconsin Medicaid PA Web site will be secured with Secure Socket Layer (SSL) 128-bit encryption. If the Web PA application is idle for 30 minutes, the connection will be cut off.

The user will lose all previously entered information and will have to enter his or her user name and password to re-enter the Web PA system.

Users may submit PA requests via the Web Monday through Friday from 8:00 a.m. to 5:00 p.m. (Central Time).

User Resources

If users have questions about submitting PA requests on the Web, Wisconsin Medicaid offers a complete tutorial, online “Help,” and a helpdesk to assist users submitting PA requests via the Web.

Online Tutorial

For users who want step-by-step instructions on submitting PA requests via the Web site, they will have access to a complete tutorial. There will be a “Tutorial” link at the top of each screen of the Web PA process if a user has a question about a specific screen.

Online Help

If users have a question about a specific item while submitting a PA request (e.g., a procedure code element on the PA/RF), they may select “Help” at the top of the Web page. This will give the user a brief explanation about a specific area.

Helpdesk

For help with logging in or other Web PA questions, users may also contact the Web PA technical helpdesk at (608) 221-9730. The helpdesk is available Monday through Friday from 8:30 a.m. to 4:30 p.m. (Central Time).

Note: For PA policy questions, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883.

*The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site. Refer to the Adobe® Web site, www.adobe.com/, for more information.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT 1

New User Registration

A user who has not previously registered to submit Electronic Data Interchange (EDI) transactions or prior authorization (PA) requests via the Web should select “Register to use site” to access the “New User Registration” page. Users who have previously registered to submit EDI transactions do *not* need to re-register to submit Web PA requests.

On the “New User Registration” page, users will be asked to enter or select the following information (all items are required except as noted):

- **User’s first and last name.**
- **Address line 1.**
- **Address line 2.**
- **City.**
- **State.**
- **ZIP code.**
- **E-mail address.** E-mail addresses are not case sensitive.
- **Telephone number** (with extension, if applicable).
- **Fax number** (optional).
- **User name.** User names must be at least six characters long and can be alphanumeric. User names are not case sensitive. Each user is required to select a unique user name and password.
- **Password.** Passwords must be at least eight characters long, and contain at least one letter character and one numeric character. Passwords are case sensitive. As a security check, users will be asked to retype their password.
- **Select a personal password reminder question.** Users are required to choose just one of the following questions:
 - ✓ “What is your mother’s maiden name?”
 - ✓ “What is your father’s middle name?”
 - ✓ “What are the last four digits of your Social Security number?”
 - ✓ “What was the name of your high school?”
- **Question response.** Users are required to enter the answer to the question they selected. The maximum length of this response is 25 characters. Question responses are case sensitive. This feature is used to confirm a user’s identity if a password is forgotten.
- **Select “Register.”** If an error is found on the page, a message on the screen will prompt the user to correct it. When the error is corrected, users should select “Register” again.

User Name and Password Confirmation

Users will receive an e-mail after their registration is accepted that confirms their user name and password. This confirmation e-mail will also contain a link that users must select to activate their account.

Authorizing Billing Provider Numbers

Once the account is activated, users will then be able to enter one or more Wisconsin Medicaid billing provider numbers for submitting PA requests on the Web.

Note: A single provider (e.g., clinic or hospital) may have multiple users who submit PA requests via the Web. Also, a staff member (e.g., billing clerk) may be able to submit PA requests via the Web for multiple billing providers.

To authorize the billing provider numbers, users must do the following:

- **Enter a Medicaid billing provider number.** This is the provider's eight-digit Wisconsin Medicaid provider number.
- **Enter the billing provider's name.** At a minimum, users are required to enter the first three characters of the provider's last name or the organization's name to validate that the provider number was entered correctly. Users are required to enter the provider's name that was used when the provider became Medicaid certified.
- **"Confirm."** When "Confirm" is selected, the billing provider number and name should appear on the screen. Users may authorize multiple billing provider numbers.
- **"Add."** Select "Add" once the user has verified that he or she has the correct billing provider to add the provider to the user's list.
- **"Create PA."** When the billing provider numbers have been added, users will select "Create PA" to begin submitting PA requests on the Web.

For help with logging in or other Web PA questions, users may also contact the Web PA technical helpdesk at (608) 221-9730.

ATTACHMENT 2

Login with an Established User Name and Password

Users who have previously registered to submit Electronic Data Interchange (EDI) transactions (e.g., 837 Health Care Claims) but have not yet submitted a prior authorization (PA) request via the Web may enter their user name and password on the Login and Registration page.

Users will then be able to authorize one or more Wisconsin Medicaid billing provider numbers for submitting PA requests on the Web. To authorize the billing provider numbers, providers must do the following:

- **Enter a Medicaid billing provider number.** This is the provider's eight-digit Wisconsin Medicaid provider number.
- **Enter the billing provider's name.** At a minimum, users are required to enter the first three characters of the provider's last name or the organization's name to validate that the provider number was entered correctly. Users are required to enter the provider's name that was used when the provider became Medicaid certified.
- **"Confirm."** When "Confirm" is selected, the billing provider number and name should appear on the screen. Users may authorize multiple billing provider numbers.
- **"Add."** Select "Add" once the user has verified that he or she has the correct billing provider to add the provider to the user's list.
- **"Create PA."** When the billing provider numbers have been added, users will select "Create PA" to begin submitting PA requests on the Web.

Forgotten User Names and Passwords

If a user forgets his or her password, he or she should select "Forgotten password help" on the Login and Registration page and then do the following on the next screen:

- Enter his or her user name.
- Enter his or her e-mail address.
Note: If a user's e-mail address has changed since his or her initial registration, he or she should select the "Update Profile" link at the top of any Web PA page to change his or her e-mail address.
- Select "Submit." A password will be e-mailed shortly. Once a user has received the password, he or she may return to the Login and Registration page and login.

If a user forgets his or her user name, he or she may contact the Web PA technical helpdesk at (608) 221-9730.

ATTACHMENT 3

Summary of Instructions for Submitting Web-Based Prior Authorization Requests

After registering as a user and activating his or her account, a Birth to 3 (B-3) therapy service provider should access the Web prior authorization (PA) site to complete a Prior Authorization Request Form (PA/RF) and Prior Authorization/Birth to 3 Therapy Attachment (PA/B3). The information on the Web PA screens is the same as on the paper versions.

If a clerical error is detected while a user is completing a Web PA request, a message on the screen will prompt the user to correct it. Examples of clerical errors that users will be prompted to correct include, but are not limited to, the following:

- Invalid place of service (POS) code.
- Invalid modifier.
- Invalid recipient name.
- Invalid recipient Medicaid identification number.
- Invalid Medicaid provider number.
- Failure to indicate a recipient's primary diagnosis code.

Refer to the July 2003 *Wisconsin Medicaid and BadgerCare Update* (2003-72), titled "Changes to local codes, paper claims, and prior authorization for physical therapy, occupational therapy, and speech and language pathology services as a result of HIPAA," for a list of allowable modifiers, allowable POS codes, and PA/RF completion instructions for B-3 therapy services.

Once the clerical review is complete via Web transmission and the PA/RF is submitted, users must then complete the PA/B3 screens. The recipient name and Medicaid identification number from the PA/RF screen will automatically be entered on the PA/B3 screens. Users should enter the necessary information just as they would on a paper PA/B3. However, instead of a signature, users will check a box to indicate that the information on the PA/B3 is accurate.

Note: Since partially completed PA requests may *not* be saved, users should complete and submit the PA/RF and PA/B3 together. If, for example, a user turns off his or her computer before submitting the entire PA request, all the information will be lost.

Prior Authorization Decision Notice

After a B-3 therapy service provider submits a Web PA request, a message will appear on the screen indicating whether the PA request is approved or not approved.

For approved PA requests, the screen message will provide the user with:

- The PA number assigned with the approved request.
- The grant and expiration dates of the PA request.

Users will be able to print the screen message. Users will also have the option to print the PA/RF and PA/B3 in Portable Document Format (PDF) with Adobe Acrobat Reader®* for their records. If users do not print this PA request when it is initially accepted, they will not be able to print it later.

For approved PA requests, a decision notice will be mailed to the user indicating the assigned PA number and the Web PA decision. The decision notice should be maintained as a permanent record of the transaction. Users who have an approved Web PA request should *not* submit duplicate paper or fax copies to Wisconsin Medicaid.

If the PA request is not approved, the screen message will notify users to submit a paper PA request to Wisconsin Medicaid.

*The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site. Refer to the Adobe® Web site, www.adobe.com/, for more information.

ATTACHMENT 4

Sample Prior Authorization Decision Notice

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 11070 (Rev. 07/04)

STATE OF WISCONSIN
HFS 106.03(4) Wis. Admin. Code

WISCONSIN MEDICAID PRIOR AUTHORIZATION DECISION NOTICE

Letter Seq: 00001

PA No: 1234567

ICN: 24922004194260000

Batch: 260

Date: JULY 12, 2004

Request Authorization: **Approved**

EOB: PROCEDURE CODES ALLOWABLE UNDER BIRTH TO 3 PRIOR AUTHORIZATION HAVE BEEN APPROVED FOR MEDICALLY NECESSARY THERAPY SERVICES, AS DEFINED IN WISCONSIN ADMINISTRATIVE CODE.

Provider Seq: 00001

IM A PROVIDER
123 MAIN STREET
APT 104
MADISON WI 53707

Provider Number: 12345678

Recipient Name: HES A RECIPIENT

Medicaid ID Number: 1234567890

Primary Diagnosis: 783.42

Secondary Diagnosis: 765

Detail Auth	Service Authorized	Modifier	POS	Perform Provider	Quantity Auth	Grant Date	Expire Date
APPROVED	BIRTH	GP	12	12345678		07/12/04	09/14/05

An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Wisconsin Medicaid payment methodology and policy. If the recipient is enrolled in a Medicaid HMO at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the HMO.